

JACKSON TOWNSHIP

PHONE
570 629-0153

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Reeders, PA 18352

FAX
570 629-1016

ZONING APPLICATION

DATE OF APPLICATION _____
TYPE OF CONSTRUCTION _____
PROPOSED USE- RESIDENTIAL _____ COMMERICAL _____ INDUSTRIAL _____
EST.COST OF CONST. _____ ZONE _____
LOCATION _____
LOT # _____ SECTION: _____ PROPERTY TAX ID # _____

Applicants must supply a detailed drawing showing all distances to property lines, well and septic, right of ways and easements.

PROPERTY OWNER _____
ADDRESS _____
CITY & STATE _____ PHONE # _____

CONTRACTOR _____
ADDRESS _____
CITY & STATE _____ PHONE # _____

APPLICANT _____
ADDRESS _____
CITY & STATE _____ PHONE # _____

This application does not release the owner from all requirements of any local, local/State, or federal ordinance or regulation. A well and driveway permit may be required. All information submitted supporting the issuance or denial of permits shall become the property of Jackson Township, and cannot be returned and may be examined by the public any time during normal working hours of Jackson Township.

Signature: _____

Date: ____/____/____